

# *The* VALLEY ECHO

The Magazine of the Saskatchewan Sanatoria:  
Fort Qu'Appelle, Saskatoon, Prince Albert

JUNE, 1960





## **ALL WRONG . . . doesn't tell the truth**

These children do not need x-raying for only one in a hundred could have tuberculosis, and that one can be picked up by the tuberculin test (then requires an x-ray film.) The photographer should have focused on the adults, for it is they who have the tuberculosis. To be convinced all one has to do is to walk along the corridors of a sanatorium and see the older and the old people. It is the fathers and mothers and more particularly the grandfathers and the grandmothers who need to visit the survey. These are the spreaders who should be located and treated.

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**THE VALLEY ECHO**

**spreads information about tuberculosis**

In spite of much that is being said, tuberculosis has not yet been conquered, not brought under final control.

People tend to become negligent and such an attitude may be the undoing of the tuberculosis program. Consequently people need continuing education and are being asked to subscribe to this magazine which is published by the patients and staff of the sanatoria.

The price is one dollar a year and is less than cost, and is kept low so that everyone can subscribe. Just sign below and enclose a dollar.

NAME .....

ADDRESS .....

**Clip and mail to the Valley Echo, Sanatorium, Saskatoon, Sask.**

**When you and your family have perused this issue, please hand it to your neighbor.**

**THE VALLEY ECHO**

Published monthly by patients and staff of the Sanatoria operated by the Saskatchewan Anti-Tuberculosis League, being their voluntary contribution to the campaign against tuberculosis.

Instructive or amusing articles, poems, photographs, cartoons, etc., are solicited and will be used as space and occasion permit.

The Valley Echo accepts no responsibility for opinions expressed in signed articles.

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# The Valley Echo

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## Looking Back at 1959



The following are the pertinent points brought out in the report of the Director of Medical Services (Dr. G. D. Barnett) at a recent meeting of the Tuberculosis Board.

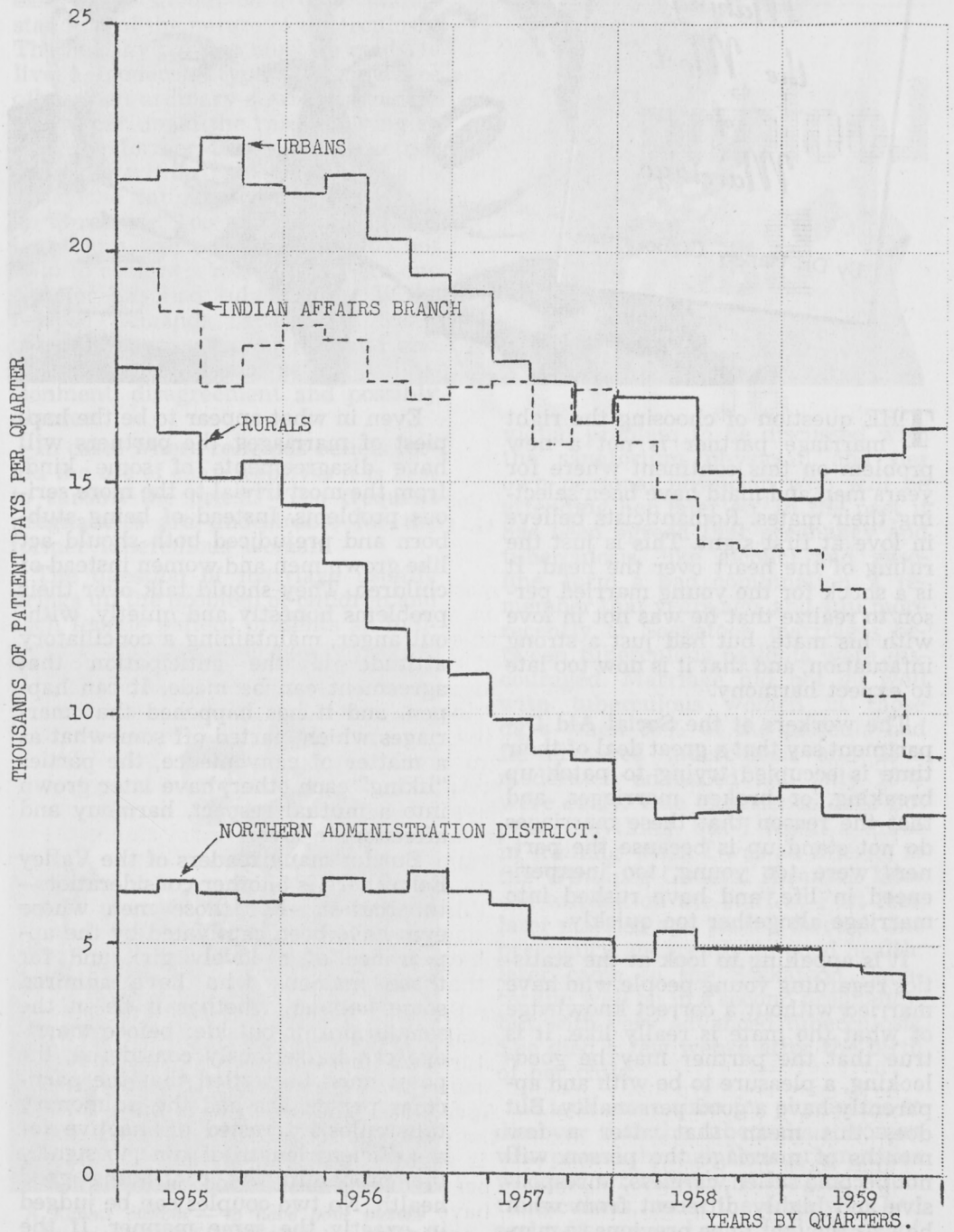
On looking back, one of the most interesting developments in 1959 has been the remarkable decline in the number of treatment days for Indians. This decline has been anticipated because of the increased tempo in the case-finding program carried out by the Indian Health Services, and the fact that since 1950 more and more beds have become available for the treatment of the Indian. The Prince Albert Sanatorium has received the majority of the Indians from the northern regions. The tuberculous Indians from the southern area are practically all treated at the Qu'Appelle Indian Hospital in Fort Qu'Appelle. During the past three years over 50% of the total treatment days for the Prince Albert Sanatorium have been Indian patient days. This has had the effect of maintaining the census at the Prince Albert Sanatorium at or near capacity. However, in view of the fact that the decline in Indian patient days will continue, although at a slightly slower rate, this will mean that the Prince Albert Sanatorium will be showing more and more vacant beds in the future. Therefore, some consideration will have to be given to the utilization of these beds for some other purpose than tuberculosis.

The accompanying chart shows the distribution of patient days according to the main agencies financially responsible for their care. This chart reveals several interesting features. As mentioned above, the Indian days have been gradually declining since the beginning of 1958, but there has been a precipitous drop since April, 1959. The urban days have actually shown a gradual rise during the entire period of 1959, although the total days for urbans for the year is slightly less than in 1958. This rise in urban days has never happened before during any period back to 1952. The rural days, on the other hand, have had a tendency to become stabilized during the past two years; this particular plateau has persisted since

(Continued on page 23)



CHART No. 1  
 PATIENT DAYS 1955 - 1959





## Making the Most of Marriage

By Dr. Harvey C. Boughton

**T**HE question of choosing the right marriage partner is not a new problem on this continent where for years man and maid have been selecting their mates. Romanticists believe in love at first sight. This is just the ruling of the heart over the head. It is a shock for the young married person to realize that he was not in love with his mate, but had just a strong infatuation, and that it is now too late to expect harmony.

The workers at the Social Aid Department say that a great deal of their time is occupied trying to patch up breaking, or broken marriages, and that the reason that these marriages do not stand up is because the partners were too young, too inexperienced in life, and have rushed into marriage altogether too quickly.

It is appalling to look at the statistics regarding young people who have married without a correct knowledge of what the mate is really like. It is true that the partner may be good-looking, a pleasure to be with and apparently have a good personality. But does this mean that after a few months of marriage the person will not become sullen, careless, unresponsive and highly different from what he was thought to be previous to marriage.

Even in what appear to be the happiest of marriages, the partners will have disagreements of some kind, from the most trivial to the more serious problems. Instead of being stubborn and prejudiced both should act like grown men and women instead of children. They should talk over their problems honestly and quietly, without anger, maintaining a conciliatory attitude in the anticipation that agreement can be made. It can happen, and it has happened that marriages which started off somewhat as a matter of convenience, the parties "liking" each other, have later grown into a mutual respect, harmony and affectionate love.

But for many readers of the Valley Echo there is another consideration—tuberculosis. For those men whose eyes have been captivated by the appearance of a lovely girl, and for those maidens who have admired some he-man, whether it be in the sanatorium or outside: before marriage can be seriously considered, the point must be settled that the particular person has had the pulmonary tuberculosis arrested or inactive for a sufficient length of time to signify the probability of continuing good health. No two couples can be judged in exactly the same manner. If the persons involved have proved their

tuberculosis to be inactive for a sufficient length of time there can be no objection to marriage on that score.

When one who has had pulmonary tuberculosis contemplates marriage with one who has never had the disease, there should be a clear understanding of the nature of tuberculosis. The healthy partner must be ready to live a moderate type of life where other than ordinary strain is avoided: must gear down the rate of living so that the former-tuberculous partner may live within reasonable limits to avoid the fatigue which might lead on to relapse. Too much entertaining, late hours, excessive drinking, do not help to cement a marriage where one partner has had tuberculosis. When relapse demands sanatorium treatment and separation of husband and wife, the stage may be set for disillusionment, disagreement and possibly divorce.

In cases where religious beliefs forbid the use of contraceptives it is best to consult the priest. Too frequent pregnancies are undesirable for the former tuberculous woman.

The question of marriage usually brings up the problem of children and each female patient presents an indi-



vidual problem to be discussed with the sanatorium physician and her own personal physician who will be attending her later on. In the past it has been agreed that pregnancy and tuberculosis, like alcohol and gasoline, form a bad combination. I remember that years ago, and still more recently at Saskatoon marriages between tuberculous patients were discouraged. Marriage did not go well with tuberculous women in those days when 66% of the patients had far-advanced tuberculosis and 23% moderately-advanced and only 10% were early. One experience does not prove anything, but I recall a nurse in training when I was an interne in the Winnipeg General Hospital: later she worked on the staff at Fort San, later married and passed through one pregnancy apparently in good health: later came to the Saskatoon Sanatorium well on in a second pregnancy, but with very advanced tuberculosis. She died a few weeks after the birth of her child.

It took some time for physicians to discover that the tuberculous women who passed through their pregnancies without irrevocably damaging their tuberculosis, were the ones who had early disease and who had plenty of care after their confinement. The



*A Kansas custom — to have your picture taken in a wheat field, symbolizing fertility and prosperity.*



IODE Preventorium at Fort San had much to do with the revision of old ideas, for these tuberculous women who bore more than 200 babies did well at Fort San: they had excellent care: did not have any responsibility for the infants. It would seem that a prospective mother should be cleared of tuberculosis just as soon as she finds herself pregnant. This can only be done by tuberculin testing, which if negative rules out the disease, but if there is a reaction to tuberculin, then an x-ray film must be taken. Despite much that has been written in the past year of two every radiologist knows how to protect the pelvis and the foetus from potential x-ray danger. It is not proper for a woman nor for a physician to depend upon the

absence of symptoms to rule out tuberculosis. The prospective mother immediately begins to develop an improved appearance of health which can be most deceiving—and in any case early tuberculosis can be ruled out only by a negative tuberculin or a negative x-ray film properly taken and properly interpreted.

If there are no obstetrical complications, the chance for a successful pregnancy is good, and as was proved 200 times at Fort San Preventorium, the baby will be free of tuberculosis. The mother will do well under proper medical supervision, whether it is in the sanatorium or out, but she must have regular rest periods, no worry about the care of the child, and a full night's sleep.



*150 couples renew their marriage vows in unique English country church.*



The former vicar and his wife decided to attend the church social of his old parish.

The new vicar greeted his predecessor heartily. "I'm very pleased to see you again," he said. "And this is your most charming wife?"

"This," the other replied reprovingly, "is my only wife."

\* \* \*

"After a happy youth, Mr. Kundel settled down to a quiet married life."

\* \* \*

If you want to be continuously happy you must know when to be deaf and when to be dumb.

\* \* \*

Said a friend to the bridegroom, "Let me congratulate you, old man, I'm sure you'll always look back on this as the happiest day of your life!"

"Er, but it's tomorrow I'm getting married," replied the young man.

"Yes, I know that," said the well wisher.

\* \* \*

A young New York City couple had always made much of the fact that their first-born was going to be a boy.

When the baby came, it was, of course, a girl.

Mother and Dad were delighted, but there was the embarrassing problem of sending out the birth announcement. They knew their acquaintances were still aware of their boast and so couldn't ignore it. They finally settled the problem by sending out a card that read, "We have skirted the issue."

\* \* \*

## SPECIAL DELIVERY

A clothing store received this letter from a customer who had ordered a maternity dress.

Dear Sir: Please cancel that order for my maternity dress size 46 which you were going to deliver to me. My delivery was faster than yours."

\* \* \*

Two nurses were wearily folding diapers in the maternity ward.

"You know," observed one, looking over the room of squealing infants, "I just don't believe they're only 80 per cent water!"

\* \* \*

She: "You're wearing your wedding ring on the wrong finger."

2nd She: "Yes, I know. I married the wrong man."

\* \* \*

A new broom sweeps clean but you can have more fun with an old rake.

\* \* \*

When she comes home from shopping,  
Her husband's big lament  
Is not that she's exhausted,  
Only that she's spent.

\* \* \*

## AS JUNE ENDS

How beautiful is June, my friends  
And yet how pleasant when it ends  
And weddings slacken off to normal  
Along with needs for dressing formal.  
And bracketing the names and faces  
Of friends from hazy times and places.  
Now bank accounts that presents fatten,  
Have once again a chance to flatten,  
And figures, from the waist to chin,  
Receptions done, a chance to thin.  
How glorious, how gay is June  
But is is ending none too soon.

Richard Armour.



# LOOK! YOU MIGHT FIND IT HERE . . .

Questions are solicited from readers of the Echo, whether patients ex-patients—or just interested.

This department is considered most important and the questions are answered by our League physicians.

Questioners will please sign their names as a matter of good faith but these will not be published.

**Question:** What are the results of the survey and the tuberculosis programme?

**Answer:** The results in Saskatchewan have been quite outstanding. There are several hundred less funerals annually from tuberculosis.

**Question:** Is it not true that distance from the survey point plays the largest part in poor attendance at surveys?

**Answer:** Experience is that the people in the distant divisions of the municipality are the best attenders and that the larger the urban centre the greater the problem of attendance becomes and this is because the closely situated people fail to attend.

**Question:** If a child is found to have a positive tuberculin reaction should he be isolated from other children?

**Answer:** No, not unless further x-ray and culture examinations show active disease. These examinations are, of course, of great importance.

**Question:** How is it possible for a patient to be negative on culture when he is positive concentrate?

**Answer:** For various reasons a specimen of sputum which showed acid-fast bacilli on concentration can fail to grow tubercle bacilli in culture. Possibly the sputum contained too high a concentration of an anti-tuberculosis drug to permit the germs to grow. Possibly the portion of sputum cultured did not contain the germs, or the culture medium was not "just exactly" to the germs liking.

**Question:** Does the number of bacilli in the sputum designate anything? That is, is a patient with three bacilli in his sputum worse off than one with only one bacillus?

**Answer:** The more tubercle bacilli in the sputum the greater is the chance of spreading the infection within the lung. While this is not always true, the occurrence of great numbers of tubercle bacilli in the sputum should lead to a special care in treatment. Large numbers of tubercle bacilli in the sputum usually indicate a cavity or an acute process.

**Question:** Is the tuberculin test likely to cause a flare-up of unrecognized inactive TB?

**Answer:** Not when properly applied. That is, a small dose is used first to uncover strong reactors. Successively higher doses are needed to reveal weaker reactors.

**Question:** Is there much shortness of breath after a segmental resection?

**Answer:** Ordinarily there is little or no shortness of breath. But it would depend upon the patient's original pulmonary function, and the number of segments removed and the health of the remaining lung tissue.

**Question:** Would a person who rarely has a positive culture (once in two years) have to remain in the sanatorium?

**Answer:** Providing the disease is otherwise in the arrested stage, a rare positive culture in itself would hardly demand permanent residence in sanatorium. If the individual is careful and understands fully the precautions necessary for the disposal of his sputum, he cannot be regarded as a menace. If he is careless he is a potential danger. He needs a painstaking investigation to discover the source of the bacilli. If that is not possible, and in any case he should have the special 'drug' treatment which may and probably will make him more secure.

**Question:** Can a positive reactor in 1949 be a negative reactor in 1960?

**Answer:** Yes, it is possible but it probably occurs very seldom. In such instances one always questions the interpretation of the tuberculin results. It could be that the negative reaction or the failure to react in 1960 is due



# ...THE ANSWER TO YOUR QUESTION

to an insufficiently strong dose of tuberculin, or the tuberculin might have been outdated.

**Question:** Can a patient with sputum proven to be negative by guinea pig inoculation and culture, spread her disease to others?

**Answer:** When a patient's sputum has been repeatedly negative by microscopic examination and after an interval there is a negative culture and after another interval a negative guinea pig inoculation, her relatives and her friends should accept her into their social life without reservation.

**Question:** Please explain fibrotic tuberculosis, and when it begins to form?

**Answer:** Fibrotic tuberculosis is a rather poor term. It implies that the tuberculosis has produced a lot of scarring which contracts and distorts the lung. The term usually connotes disease of many years duration.

**Question:** Would more than the usual amount of fat and muscle on the body interfere with an x-ray of the chest?

**Answer:** The thick chest wall of fat and muscle does obscure the lung fields to some extent. The technician compensates for the thickness by using heavier exposure. But this does not entirely solve the problem. The difficulty is a minor one, however, except in the extremely fat.

**Question:** Is a cavity in the apex less serious or more likely to heal than one at the base of the lung?

**Answer:** Not necessarily. Cavities may heal in any portion of the lung. Whether or not they will heal depends very largely upon their size, their age, the amount of scar tissue around them and the condition of the lung around the cavity.

**Questions:** Are patients with tuberculosis of the bone infectious? Could one acquire pulmonary tuberculosis by being in contact with them?

**Answer:** Tuberculosis in joints or bones are not communicable to other people unless there is a discharge from the diseased area. If another

person becomes infected from that discharge he may develop tuberculosis of the lungs or any other part of the body.

**Question:** Are many cases of tuberculosis arrested?

**Answer:** Many indeed. Physicians are cautious in pronouncing a definite cure because in any given case showing shadows on the lung, which are considered scar tissue, there is no certainty that some residual infection in some area may not flare up subsequently. For that reason, it is advisable for a tuberculous patient to check up on his condition periodically.

**Question:** How often do you find more than one lobe involved in bronchiectasis?

**Answer:** The majority of cases demonstrate multilobar involvement. This is not a deterrent to surgery and good results can be obtained if the two upper lobes are normal. When an operation is indicated on both lungs, it is desirable to wait from six months to a year between the removal of the involved lobes.

**Question:** In certain parts of the United States I believe that car owners must have their cars checked every six months so that streets and highways may be made more safe for the public. Should not a similar compulsory rule be made so that every man, woman and child in Saskatchewan be examined every six months and in that way wipe out tuberculosis?

**Answer:** Theoretically this is a fine idea but it might be very difficult to carry out in this province because of the cold weather and snow and, moreover, our people are too intelligent and too freedom loving to bow down to the very strict enforcement of legislation which would make this compulsory. However a scheme somewhat along these lines is being carried out in this province and more or less in all parts of Canada and the United States—the fluorographic mass surveys. This is being done without compulsion.

# POT-POURRI . . . .

**Gathered, gleaned, expanded, condensed, altered, converted, composed, revamped, with credits to some and apologies to others.**

**Pregnancy and Tuberculosis.**—In a recent issue of the Canadian Medical Association Journal is reported of 63 tuberculous mothers with 228 full term pregnancies and 16 miscarriages. There were four cases of reactivation and three deaths these latter being of untreated or inadequately treated women. The general conclusion is that pregnancy had no influence on the course of tuberculosis in minimal and moderately advanced disease but the outlook for those with far advanced tuberculosis is not so happy.

**When something worries you, talk it out.** Don't bottle it up. Confide your worry to some level-headed person you can trust; your husband or wife, father or mother, a good friend, your clergyman, your family doctor, a teacher, school counsellor, or dean. Talking things out helps to relieve your strain, helps you to see your worry in a clear light, and often helps you to see what you can do about it.

*San-O-Zark.*

**That Inferiority Complex.**—Everybody worthwhile has an inferiority complex about some things—or should have. An inferiority complex is a necessary thing, provided it doesn't cut so deep that the owner goes around bearing a sign "kick me." An inferiority complex simply means that a person recognizes his limitations. These are the kind of persons who are nice to have around. They give us fellows with superiority complex a chance to make fools of ourselves.

*San Piper.*

**Well person clinic**—Six general practitioners in Regina, Sask., have become incorporated under the name of Regina Preventive Medical Association to conduct a non-profit well person clinic, believed to be the first of its kind in Canada. The clinic will receive referred patients and will

conduct technical tests, the results of which will be summarized for interpretation by the referring physician. A medical director, a medical research director and technicians will staff the clinic.

**In 1957, Saskatchewan** had a maternal mortality rate of 0.2 per 1000 live births. Few parts of the world report a better rate, and this good result is predominantly from general practitioner obstetrics. Our neonatal mortality rate is also good. For years Saskatchewan's tuberculosis program with its low death rate was the envy of the world. Our cancer program also has survival rates that compare well: for example, we have a five-year survival rate for breast cancer which is not bettered anywhere. In these good results the general practitioner must be and is accorded full recognition for his early and excellent evaluation of the patient's illness. I mention these examples simply to emphasize that the finest medical care in the world can be supplied largely through an independent general practitioner service. The aim of our profession is, and always has been, to see that the highest quality of medical care is received by the greatest number of people. A high place, therefore, must be accorded the general practitioner in any program aimed at achieving this end.

*Dr. C. J. Houston  
in Can. Med. Assoc. Jour.*

**Once called lumbago,** the ailment is often caused by poor posture, obesity, ill-fitting or inappropriate shoes, a sedentary life, over strenuous work, or participation in sports. It may also be due to disease not directly relating to the back or to severe injury or general strain.

**The Closed Hospital** where only members of the staff—mostly specialists—are allowed to admit patients,

# POT-POURRI . . . .

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and only staff members may treat them, was defended at the 29th annual meeting of the Royal College of Physicians and Surgeons of Canada, held in Montreal in January. Specialists are concerned about improving teamwork with general practitioners, but, they maintained, the "closed" hospital system, which most general practitioners dislike, was necessary in order to maintain high standards, especially in big teaching hospitals. The College contends that medical science has become so complicated that specialization, and hence the insistence on high standards, is inevitable. No one can be an expert in all branches of medicine.

*Hospital Adm. & Construct.* May 60 p. 14.

**In 1959, the death rate** among the Industrial policyholders of the Metropolitan Life Insurance Company was fractionally higher than that in the preceding year, but when allowance is made for the increase in the average age of these insured, the mortality record for all ages combined shows a 2 per cent decrease from 1958. In the past three years, mortality has been at a somewhat higher level than in the preceding three years, reflecting in part at least, the wide-spread prevalence of upper respiratory infections. Under such conditions, not only is there usually an increased toll from pneumonia and influenza, but also from the cardiovascular-renal diseases.

**Precision Weighing Machine**—A new, highly important aid to open heart surgery—a precision, portable weighing machine—has been obtained by the St. Boniface Hospital, Winnipeg. The reason for the importance of the scale in open heart surgery is the medical fact that a heart patient must have exactly the same amount of blood in the body after an operation, and only by weight can the proper amount be finally determined. The scale is so delicate that even the

weight of two pieces of paper in a patient's hand would be shown.

**Admission Procedures in a Mental Hospital**—Along with the newer conceptions of the mental hospital, there has been growing dissatisfaction with the legislative aspects governing the admission, maintenance and discharge of patients from mental hospitals. A definite trend has emerged in recent years toward encouraging and facilitating admissions to hospitals on a voluntary basis; also there has been a good deal of thinking directed toward changing present legislation so that the legal admission procedures will fit in with the notions of what is really beneficial for all concerned. This would be designed to remove the obstacles and difficulties which have been encountered up to date in facilitating hospital treatment for a patient in a community and to remove the stigma of psychiatric treatment.

**Sex hormones** aid victims of breast cancer. The first statistical proof that sex hormones can prolong the life of women with disseminated breast cancer was published in the March 19 Journal of the American Medical Association. This is the final report on the study initiated in 1947 under the sponsorship of the A.M.A. Clinical data on 944 women with disseminated mammary carcinoma was pooled from a cross-section of investigators in the United States and Canada. The purpose was to clarify the use of sex hormones which came into use in the '40s. The relative effectiveness of these two classes of sex steroids has been determined in physiologically homogeneous groups of such size as to permit statistically valid conclusion for the first time. The study will undoubtedly serve as a base line for comparative evaluation of studies which are under way in the field of cancer. The younger the patient is at the time of recognition and treatment of her primary disease, the longer a recurrence is postponed.





# ACT- *Final Am* *Sask*

Winners of local talent contests  
awards.

**Upper Left:** GEORGE

**Lower Left:** ST. PETER'S

**Upper Right:** Miss LOUISA DALE

**Lower Right:** TOMMY DAVIDSON

**Above:** THE LANDIS

(more photos





# CFQC

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1959-60 series compete for summit

LUCIUK of Rosetown.

JUNIOR CHOIR, UNITY.

Y, Reg. Nurse, Dinsmore Hospital.

ON and AL BORGIE of Coleville.

LADIES' QUARTET.

(next month)



# WHY DID IT HAPPEN?

Why did this have to happen to me?

Millions of men and women caught by disasters big and small, pitiful and ridiculous, have asked that question. Why did the Fates pick them to be on the bridge that broke, or in the path of a car which went out of control? Why did it have to be the company whose stock they had bought which went bankrupt? Why did it have to be just when **they** were coming down the steps that the dog was sleeping there, and got up in time to pitch them down the rest of the way, causing a broken hip?

Generally when we say, "Why did this have to happen to **me**?" our tone suggests that there is no reasonable answer, that it is an unjust fate and nothing else.

If the person who says "Why did this have to happen to **me**?" has tuberculosis, there is a reason. It is a plain, ordinary one. Someone in their vicinity had tuberculosis and spread so many germs that the patient did not escape them but breathed in or swallowed enough to make him sick.

You don't want to be the person responsible when someone else gets TB, do you! No indeed — and that's the why of all those rules about covering coughs and sneezes and being careful with sputum cups, and so on.

TB germs travel in sputum. They can't walk. They can't crawl. They can't jump. But they can travel on a drop of sputum so small that you can't see it. An uncovered cough or sneeze sprays them out into the air. The germs are on the first lap of their way to a new home. Of course, a lot of them die before they get a chance to make the rest of the journey, but as you know from looking around the sanatorium, quite a few of them made the grade. Every case of TB comes from another case. But **you** don't have to pass disease on. Here is how to avoid doing so.

**Rule 1**—Never spit on the floor or the street. Spit into a paper hand-

kerchief and then drop it into a paper bag which will be burned. Use tissues only once.

**Rule 2**—Always cover your mouth and nose completely when coughing or sneezing. Use **at least** two tissues. If you are a fierce and furious sneezer, use more. See that the tissues cover all the mouth and nose, even the corners. Drop the used tissues at once into a bag that is to be burned. Don't stick them under the pillow or somewhere else around the bed or table. They are infected and should be burned.

**Rule 3**—The above applies just as much when a person has a cold, measles, 'flu or a score of other things as it does when we have TB. In or out of hospital, use tissues once and burn them. Don't touch the inside of soiled tissues.

**Rule 4**—Don't cough more than you can help. Often you can raise sputum by clearing your throat gently. You can learn to do this with practice and it's not only better for your health, it is better manners.

**Rule 5**—Don't use anything but paper handkerchiefs, no matter what pretty or elegant one someone gave you for Christmas. Handkerchiefs are messy to wash, they become infected and infect your hands so that you are in danger of giving yourself back more infection. Use tissues — and use them once only.

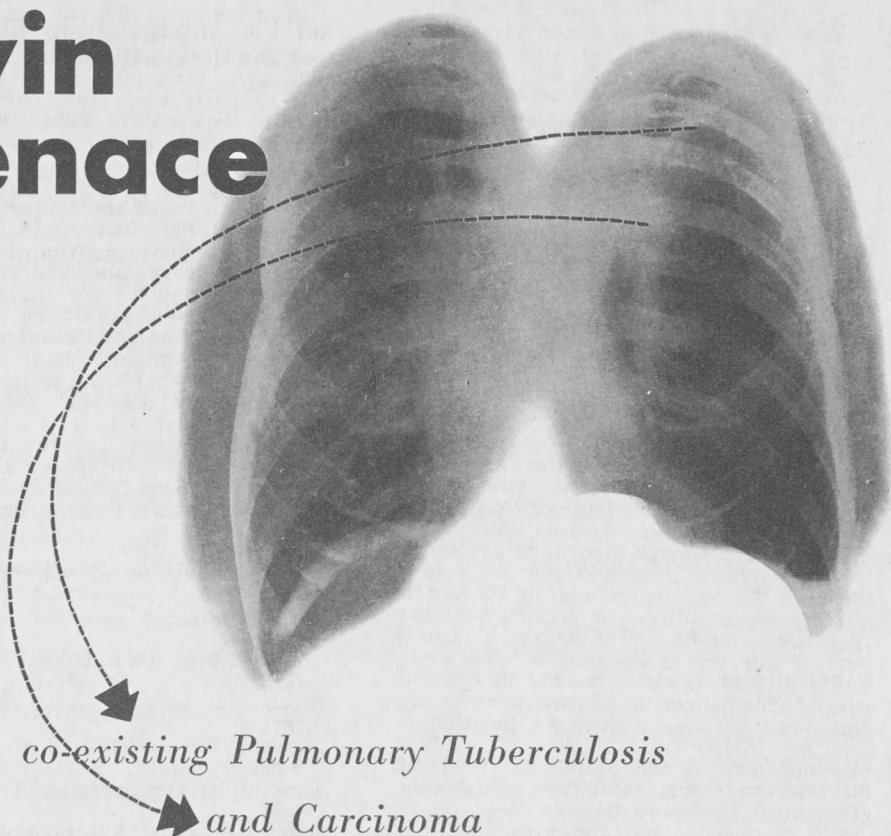
**Rule 6**—The proper way to use a sputum cup is to cover the nose and mouth with tissue until sputum is in the mouth, then it is dropped into the sputum cup which is held close to the mouth.

**Rule 7**—Don't swallow sputum. Have enough tissue with you when you leave the room to enable you to use as much as you need. Take a paper bag with you to hold the soiled tissues if you are to be gone for a while. If you raise much sputum it is best to take your sputum cup with you.

(Continued on page 23)



# twin menace



*co-existing Pulmonary Tuberculosis  
and Carcinoma*

## **Could There be any Better Reasons for People Over 40 Years Having Chest X Rays?**

Attend your fluorographic survey. If no community survey this year, have your doctor refer you to the sanatorium or to the nearest League Chest Clinic or to your local hospital.

ALL FREE. Costs paid by Christmas Seal Fund or Associated Canadian Travellers Amateur Hour Programs.

# NEWS *from* FORT SAN

By C. R. MacDonnell

You know we have the nicest charge nurse one could ever wish to have. She is forever looking after our welfare and giving us good advice. In our last issue we referred to her as our Sergeant Major, but now we have the nice weather with us and a lot of the younger men have got spring fever we have promoted her to orderly officer. We had to do this on account of all the extra duties she has to perform. For some reason or other she delegates one of her scouts to come around every night at 9:30 to see if we are in bed and boy if you happen to be two minutes late you need to have a good explanation or you get in her little black book. If you are not fast enough to talk yourself out of this, well just take her punishment. This hurts her more than it does you, so when tears come into her eyes don't feel too bad, because she will be waiting for you the next night anyway. She is not a bad sort so we will keep her happy if we can.

There is a sure and wonderful sign at Fort San that the patients are responding very quickly to the great skill and treatment we are receiving from our doctors and nursing staff. It used to be in the old days that the patients were pretty fussy about their food, but now if you would like some first hand proof of the way our doctors are exterminating the T.B. bug and creating large appetites just visit our dining hall at meal times. Those poor waitresses have never been so busy in years and those cooks can sure put up a first class meal. I hear the supply department are working overtime trying to keep the food shelves filled up all the time. Yes, we have progressed from the old days and I should know, as I am now serving my third term; I am over with the wonderful drugs and the exercise we are now allowed will be my last. I am very thankful for all this and I shall always remember and appreciate my stay in this wonderful home which we all know as Fort San.

LES ARKINSTALL

\* \* \*

Speaking of our dining hall and the wonderful food we get I would like to mention that there has been quite an addition of beautiful girl patients added to the list, but what we would like to know is how did George Morton and Carl Rithalen manage to get a place at the same table as the girls. If these two boys feel at all bashful and out of place there are two lonely patients at our table who wouldn't mind changing places, so how about moving over??

In this issue of the Valley Echo we the patients at Fort San would like everyone who reads this magazine to know how proud we are of our wonderful and picturesque grounds. We think our lawns, trees and bushes are of the very best and we take off our hats to the men who are responsible for all this panorama of beauty. We would like to issue an invitation to every one who visits Fort Qu'Appelle to take a look at our Sanatorium and grounds and we would also like it known that all these trees and bushes were planted by man. To our friends from the U.S.A. we extend a special invitation.

\* \* \*

When we first wandered through the big white gate,  
We all gazed in awe and wondered our fate;  
The beautiful grounds that surround this fair place  
Blend well with the smiles on each cheery face.  
Locating the patients to give them their Strep  
Took all of our energy and most of their pep,  
The I.N.H. and P.A.S. take is a chore  
But never-the-less they know there will be more.  
Here's to Fort San which we'll fondly recall,  
The patients, the residence were really a ball.  
Here's to the jokes and the fun that we had,  
Leaving this place is sure to be sad.

## THE MAY-JUNE AFFILIATES

\* \* \*

Spring has come at last to Fort San! Many of the women have been given permission to go out walking. But for our newcomers, Ev Williams, Ilene Peltier, Sheila Copeland, Eunice Froes, et al, there are cards, jokes, TV jokes and just plain dreaming.

Donna Fraser has been discharged and has returned to Rosetown. She will be continuing her nursing career at the Moose Jaw Training School in the fall. Good luck, Donna!

Marlene Walters has graduated to West 1 and is enjoying M.D.R. privileges.

Pat Grill paid us a surprise visit on May 21st. Bless her li'l black frying pan!

Flo McNeil has a Momma Robin and 4 cute little eggs to look after these days, and Mrs. Kenneth is busy keeping her "dandy" lions yellow, so what's new with

you? And as the sun sinks slowly in the west, does anyone anywhere know—What is a “cool ghoul”?

“The world is moving so fast that the man who says it can’t be done is generally interrupted by someone doing it.”

“Bye Now.”

## NEWS *from* SASKASAN

by C. Harry Armitage

Correction: An item in the May issue of the Valley Echo stated Jim Smith, one of our orderlies, “had minor surgery in the University Hospital,” which was an error. It was St. Paul’s hospital.

As usual when spring rolls around, patients who are well enough for discharge and get their doctor’s O.K. leave the San one by one, and new faces appear replacing the discharged. At this writing, Jack Pook, Martin Bortis, Lee Sing, Henry Peters, Charlie Lun, Mrs. Rapp, all on second floor, have gone home, while Doug Pickler who is recovering nicely from recent surgery, left on nine days leave, and John Budz is also away on leave. Doug expects to be discharged soon.

An ex-patient, Harold Augustine, played an important role by crawling under an overturned late model convertible to free it’s occupants on May 27. Eight young men and women narrowly escaped death. Passers by, only seconds after the accident occurred, lifted one side of the car, while Mr. Augustine crawled under and freed the trapped occupants. It took him 20

minutes to free the people and it was a very risky job.

Mrs. Charles Stevens, who was killed when struck by a truck in Drayton Valley, Alta, recently, was the daughter of Ed. Graff, a San patient from Battleford since last November. She was the mother of a 3 months old baby girl. Her husband, Allan, was badly shocked, but has since been discharged from hospital. Mr. Graff received a telegram announcing the tragedy 5 p.m. May 15th, and left the same evening for Drayton Valley by bus. Mr. Graff was discharged from Saskasan on June 2nd to continue treatment at home.

Bruce Johnson has joined the dining room squad and “parades” to 4th for his meals, along with Lorne Haugen, Art Lewis, Harry Vandale and Gordon Hunt. Bruce has had exercise for some time, and may be discharged by the time this is in print.

Incidentally, Art Lewis, now that Henry Peters and Jack Pook have been discharged, is the only patient on 4th floor at the moment. Art says he likes 4th floor

Linda Carnduff, 10 year old patient, has returned to 2nd floor after spinal surgery. She returned minus her Stryker Frame but wearing a cast shoulders to hips, on which she has her friends write their names. (No charge.) Linda, the eldest of the children here, is an all round ideal patient, takes things as they come.

According to Sarah Hardlotte, patient on 3rd floor, Anne McLeod, 5 year old ex-Saskasan patient from Stanley Mission and just recently discharged from the Prince Albert San has again been re-admitted to the latter mentioned San. Sarah says the news was announced over the Northern News program. Anne was a very popular young Miss while here.

Rev. J. H. Young, retired United Church minister from Rosetown, and a patient here for a short time, was in for a check-up end of May and says he received a good report. He looks fine and packed away a supply of I.N.H. pills to take after meals. He enjoys the Valley Echo.

George Stewart underwent successful surgery at the University Hospital where he had a “pet ulcer” removed. He is now back at the San in his old room, up and around and is doing nicely.

Der Moy, who for quite some time has

**EATON'S OF CANADA**  
**IT PAYS TO SHOP AT EATON'S**  
**THROUGH THE MAIL ORDER CATALOGUES**

called 244 his home, has moved to 3rd and will feel more at home on 3rd where there are several Chinese patients. Before leaving this floor, he could be seen almost every evening around 6 p.m. pushing an empty wheel-chair up the corridor for exercise, and later sitting in it for an hour or so watching the traffic on the corridor.

Jean Segret, a 3 year old Indian patient, who left here February 15th, after surgery, for P.A. San, has returned here minus her back cast and is she pleased about it. The first week or two after her return she would point the fact out by saying "no cast, no cast."

Frank Christopherson has been moved to 3rd floor. Looks as if he has a date with a lung surgeon soon.

One fellow who will be missed here by patients and employees on 3rd floor, is congenial, smiling, happy-go-lucky Sing Lee, who was discharged May 14 after a year and almost seven months treatment. Lee, who entered the San on October 30, 1958, was a very sick man, weighing only 96 lbs. On discharge he weighed 134 lbs. Because he is tall, he is still underweight, but he feels and looks very well compared to his admittance condition. Once a week, Lee indulged in Chinese food dishes brought to the San by his wife and occasionally by taxi. T.V. had a strong fascination for him especially hockey, Friday evening's fight cards, "Libberboat," lots of "Bang Bang" (cowboy shows), etc. Lee came around and shook hands with all his friends before leaving and said he would visit us occasionally.

After many hours of precision work, Hubert Kelly has finished his model Cessna 180 airplane. The plane has a 36 inch wingspread and is powered by a miniature electric motor, capable of air lifting the model. So far no attempt has been made to put the model in flight.

Mrs. White, ex-patient from Unity, was in for a periodical exam. She says she is feeling fine and receiving a good medical report.

Vern Leper, a veteran lunger, was also in for a check-up. Didn't hear result. How come you didn't get around to see any of the patients this time, Vern? You missed out on a Garlic Sausage feed, pal.

Bill Jacobson, staff member, now on holidays, had planned on going to Montreal to see what the French Canadian gals look like, has had to change his plans and will spend his holidays in hospital as he requires surgery. Better luck next year, Bill.

Mrs. Norma Bakker, a patient of not too long ago, and sister-in-law of Tony Bakker, a patient, is visiting her home in London, England. She came to Canada as a war bride. While there she intends to fly to Holland to visit the Bakker family and plans on being back in Saskatoon in June.

How's this for service? On April 1st (April Fool's Day) 1960, Miss Rochelle MacLean, a nurse in training at the Holy Family Hospital in Prince Albert and who affiliated at the San this spring, sat down

and scribbled a few lines to me, acknowledging receipt of snapshots. On June 1st, two months later, the letter arrived. Now the question arises, where was this letter written on April Fool's Day all this time? Could it be that Miss MacLean was broke and so independent that she wouldn't ask any one for a Kopeck to mail the letter? Was it intended for an April Fool's trick? If so, it worked. Then again, she possibly left it in the writing pad and forgot about it until two months later! Perhaps she even gave the letter to a friend to post, but who took off on a world-wide flight, forgot the letter until he returned home, when it was mailed. Anyway it's something more for my Scrapbook. Miss MacLean, please enlighten.

Several of the patients on 2nd floor read and commented favorably on Tony Bakker's two epistles, written to and published in the Star Phoenix Letter Box, relative to the San and its good work.

Joe Pillings, a 1958 patient, now employed in a Moose Jaw hospital, came in for a check-up in May and received a good report. Joe will have something to always remember his 1958 San days. First, he was a very conscientious High School student and secondly he had an odd experience almost two years ago on June 25, 1958. Joe and George Stewart, armed with a long piece of 2x4, set out to see if they could determine the cause of almost constant caw-cawing of many crows at the west end of the San. The mystery was solved when they discovered through probing, a large crows nest and a cat jumped from the nest, leaving her young kittens in the nest, 12 ft. up, peeking over the edge. The kittens were without doubt born in the old abandoned nest. Sometime during the night the mother cat had removed her youngsters to a new home, and one of the kittens mysteriously found it's way into the San and was found by Mrs. Park, nurse in charge. She placed it outside and it was eventually carried away by the mother cat.

Charles Brass is all smiles these days. He has moved to a new location, room 239, which brings him a few doors closer to the water supply, of which he drinks plenty.

Werner Nelson, a san patient, who has been in and out of the San for treatment for many years, was discharged May 28th. His two young sons, Bert 6, and Gerald 3, are still patients, but Werner says he expects they will be discharged soon.

On May 30th, Dr. E. O. Henschel made what he thought and what the patients thought was his last official rounds of his patients, but things didn't turn out that way. Instead of being well on his way to his new field of endeavour in Milwaukee, there was a delay. Dr. Henschel and family were all packed and ready to load household effects on a van and leave for the United States when his old tuberculosis reared its head, which called for further investigation and which cancelled for the time being at least, his leaving. At present



the doctor is waiting results of a guinea pig inoculation. Should such results show negative, he will then leave. If positive, the doctor says "I'll be bedded down like the rest of the patients."

In the meantime, as an appreciation of their medical care and attention shown by the doctor and his anaesthetist wife, Dr. Ann, the patients of the San presented two h.f. records. Brahm's 3rd Symphony and Brahm's Concerto for Violin and Cello. Gordon Hunt made the presentation. The doctor made known his appreciation of the gift and thanked personally all those he could but added any one missed be thanked through the medium of the Valley Echo.

### WOMEN'S TOWN—SECOND FLOOR

Mrs. Burnett entered the San on the 22nd of April. She was put in the large room 215, and later transferred to room 222. On May 8th the population of the San was boosted up by new patients, Louis Janvier and Judy Lemaigre, who were transferred her from Fort San. Louise is to have surgery in about three weeks. Joyce Concrief was transferred to the Saskatoon San from Edmonton, where she spent eight months. She is in room 215. Mrs. Rapp was discharged last Saturday, May 28th. Now that she is gone the rummy games which were quite popular the last while have died down as one of the most faithful players is gone. Mrs. Knouer was admitted on May 11th. She resides in room 214.

—MARTHA KING

### THIRD FLOOR JOTTINGS

by Bob Blampied

Activity on the third floor this last while has been pretty quiet with no pools and very little rummy, but we are trying to get a canasta foursome for a few games to pass the time.

One of the most controversial subjects on the floor is a clump of trees which after gracing our grounds for 25 years or so were cut in half leaving the stumps sticking up like sore thumbs. Some think it's okay, others think if they were to be cut it would have been better to do it at ground level and removing the stumps to be replaced by fir trees. Walking down

the corridor I heard our former Superintendent Dr. Boughton expressing his disapproval of them being cut (and I agree with him). I'll leave a space here hoping Dr. Boughton will express his own opinion.

Among the lucky ones to be discharged are Charlie Lun, Lee Sing, Bob Marshall and Mrs. Kallechy. Mrs. Epp was transferred to the University Hospital, while H. Kay and D. Wasace went to Fort San. To take their place are Mr. Ed. Forcier from Meadow Lake, W. Romanow, H. Piluke, P. Paulson, all from Fort San. Mrs. Fulton of Biggar, Mrs. Joyce of Saskatoon, Mr. O. Fester of Milden, and P. Breit of Saskatoon.

In the east wing we find Mr. Duff trying to put square pegs in round holes and removing them all except one, which is to be left in the centre. Mr. E. Shellum is a good patient who stays in bed most of the time. We are all pulling for a very good friend of everyone, Mr. Tom Dong, who has not been too well lately. Pete Braun has been feeling his oats lately with an eye on the fairer sex. Mike Chmil is busy making foam rubber cushions, flowers and dolls, some of which he hopes to show at the exhibition. Maybe, Mike, now that the cubby hole has been painted a nice green colour you could sell a cushion to the orderlies as the one in there now has taken an awful beating and doesn't look too good in a clean room. I'm going to try to sell them my TV before going home.

Moving into centre we find Rod McGregor walking around looking for cribbage players. In room 340 is Mr. F. Johanson who also has his eye on the weaker (?) sex. (I hear he has a farm, girls, and you never know about the old sock tucked away). In room 368 we find Mrs. Bjorgan who gets around quite a bit and was out for supper the other Sunday. Mr. Der Moy has occupied room 334, while Mrs. Bear is coming along nicely after her second surgery.

In the west wing it doesn't smell yet, but things have died as activity went out of the window when the snow left. A. Johnsgaard has returned after a ten day leave, and Mr. Mah Yuen is seen walking around more, while Mr. Custer takes his daily outside walks.



Making the most of the 'rest cure.' Left to Right: Anthony Bakker, Shirley Ross, City Hospital affiliate nurse, Mrs. Edith Green, who has her buttermilk delivered to her on the spot.

# NEWS *from* PRINCE ALBERT SAN

## 2ND NORTH WING AND EAST CENTRE

**Margaret Sapp** finally got her discharge. It goes to prove if you behave and do well the good day comes.

Many of the others are waiting and hoping that one of these fine days they too will be told they can go and live at home. **Mary Agnes Opeeckow, Elise Montgrand, Ernestine Clarke and Ellen Ballantyne** are all anxiously awaiting discharge—this year or next—who knows?

**Beatrice Constant** is a newcomer from away up at Cumberland House, and **Helen Sutherland**, also a newcomer, hails from Duck Lake.

We see **Bella Chickenrunner** back again—nice to have a little holiday, eh?

**Rita Switzer** looks forward to seeing a young man from Children's Ward every Sunday.

**Cecile Keenatch, Virginia Buck** are still here but would like to be elsewhere.

## CHILDREN'S WARD

Here we are again. With the warmer weather we have persuaded the nurses to take us out of doors for a romp each afternoon. We feel as free as the birds for that half hour we spend in the open. But the mosquitoes have left their mark on some of us. Our four school children are looking forward to their annual picnic which means school is almost over for the summer.

**Jean Montgrand and Jean Segrets** have two new boys in the Baby Nursery, **Raymond Switzer and Garry Lalibert**. Both of them seem to have become used to us and can give the Nurses a happy smile. All the nurses are talking about something called vacation. We wonder what they



WHAT DO WE DO NEXT?

Left to right: **Anita Cardinal, Roy LeMaigre, Albert LeMaigre.**

mean. Perhaps we will find out when we are older.

Bye, bye for now. Perhaps we will find out when we are older. ok.....o.....pcallr writes omething for the next issue.

**Mrs. Sanders**, our charge nurse, writes for us.

## PRINCE ALBERT SANATORIUM NURSING STAFF



Left to right: **Mrs. Mae Parenteau, Miss Gwen Lyons, Miss Velma Hrenyk, Miss Hazel Hutchinson, Mrs. Mary Markewich.**

For all of these young ladies we block out a 4 week vacation. That means at least 5 years of employment here. **Mrs. Russell and Mrs. Dunlop**, not in the picture, are also of this grouping Congratulations girls!

## WEST WING—FIRST FLOOR

With the end of June comes the end of the spring season and another issue of the Valley Echo. The sun was shining—somewhere, but rain or shine, here we are.

Activities are many and varied. You name it and we at least think about it. When a nice sunny day does finally come, you look outside and the mind goes something like this:

**Total Bed Patients:** Should I or shouldn't I?

**BR. I.:** Maybe today I could.....

**BR III. & DR. III.:** I'm off We'll see you chaps later

Looking down the hall, we find a few changes made. **Mr. Eugene Arcand** who joined the Orderly Staff, has moved to the orderly quarters. His room is taken over by **Mr. Ed. Tourand** who looks after radio repairs.

**Mr. Albert Mackie, Mr. Anderson, Mr. George Glaister and Mr. Marius Arcand** continue with their daily walks.

## WEST WING AND WEST CENTRE— FIRST FLOOR

**Ovide Goulet** has BR I. Father has three meals in the dining room. Ovide is trying to catch up to his father. Good luck to you.

**Mr. Gulka**—everything happens to him. Broke his wrist. Now how did that happen? Rumour has it that he was trying the high jump! Oh, well... Can you drive with one arm Mike? The law says you need two to drive a car.

**Sandy Folster** they say keeps in shape playing darts. What shape?

**Mr. Nelson** is up and around. Say wouldn't it be better if the wheel chairs had motors?

**Alvin Halero, Philip McKay, Dan Melby** and **Alf Bielby** spend their time in friendly card games. I'd like to tell you how this game is played but not space. Drop in and listen folks!

**Mr. Armstrong** and **Mr. Hamilton** get around well considering their difficulties.

**Henry Gosselin** spends a great deal of time reading. Good for you Henry, so few indulge in that pastime now.

**William A. Ballantyne, Thomas Cook** and **George Tipewan** haven't much exercise by they can get around.

**Peter Oleksuk**—a new patient and at present confined to bed. Mmmm! The name looks familiar.

Your truly **Walter Oleksuk** hoping to get out at the end of June, but don't know which June! I hope I haven't missed any one. We leave you with this thought—

"A pleasant word to say, helps pass the time away."

## WEST WING—SECOND FLOOR

Welcome to **Mrs. Peterson**. Mrs. Peterson has many visitors. That's always a great help.

There's **Mrs. Pidskalney** with regular weekend passes. How do you manage that? Just luck, eh?

**Mrs. Stene** and **Evelyn Smith** and several others are hoping for an honourable discharge soon.

**Emily Greyeyes** has really good luck—Discharge from San, promoted to working full time in the Laboratory and a move to the Nurses' Residence. We are all pleased for you Emily.

**Mrs. Elliot** has been indulging in barbecued chicken—that is fattening. Do you want to join the heavyweight class, Jennie?

**Caroline Smith, Mrs. Inkster, Mrs. Wanhella** and **Vicky Finlayson** are all doing fine and are getting gradual exercise increases.

**Mrs. Emma Cook** manages to keep busy and seeing her twin grand-daughters (from her window) each Sunday is a great pleasure to her.

**Mrs. McGown** continues to get visitors and flowers.

**Elizabeth Malboeuf** has joined the dining room brigade.

## SOMETHING NEW HAS BEEN ADDED

At long last, a room has been set aside for **ironing and sewing**. A new ironing board and an iron donated by a member of staff is much in demand. This new set-up eliminates the fire hazard that was ever present when ironing was done in patient's room.

A sewing machine, long in disuse in the residence, was brought over for the patients use. It has proved to be a very popular piece of equipment.



SEWING AND IRONING

Left to right: **Mrs. Ernestine Clarke, Mrs. Elise Montegrand, Mrs. Dora Cardinal.**

## SECOND FLOOR—WEST CENTRE

Well, here we are. At least there's no vacancies. We even have some new faces.

**Mrs. Annie Watson** is from Mistawasis Reserve. She may go home soon if things work out right.

Then there's **Mary Chief**, a new patient, but not new to Sanatorium life.

An exclusive group including **Mrs. Wuttunee, Mrs. Fox, Mrs Kimbley, Mrs. Wapass**—eat their meals in the dining room now.

**Adeline Montegrand** is a girl of many moods. Tears and smiles, it's all the same.

**Mrs. Tolofson** and her grand-daughter, **Clara Gingell**, live together in a double room. Just like home, eh?

We're glad to see **Mrs. Folster** up and around.

## BACHELOR'S PARADISE—III.

Hi Folks! This is **William Ballantyne** writing his "Swan Song." Boo-hoo, tomorrow I leave for Co-op Point, Reindeer Lake. I must say kind things of all the boys, young and old.

**Peter Smith**—Such a fine chap—till just lately. Why Peter? Did you enjoy your holiday?

**Etienne Corrigan**—Still the ideal patient and a fine chap.

**Mike Skarpinski**—Mike is a good guy, happy most of the time.

**Melvin Peeckekoot**—The patients like him—likewise the staff. Always pleasant unless he's mad!

**Jean-Marie Durocher**—(John in case you think a lady had slipped into this Paradise)—A fine fellow too, but putting

on too much weight. Why do you wear your shirt over your pants?

**Ernest "Cookie" McKay and Ken Vandale**—So much on the go that their visitors have to be quick to catch them.

Then there are the four youngsters. They're fast growing up and some day they'll qualify to be bachelors and will have a right to live here among the men. In the meantime, we'll endure them: (1) **Peter Laliberte**; (2) **Joseph Ballantyne**; (3) **Ivan Swimmer**; (4) **Edward Monte-grand**.

Taking part in the big baseball team we must mention **Oliver Gargin, Harry Boyles, Harry Ross, John Thomas, Walter Bird, Harry Wuyda and John Lidguere**.

Minding their own business and never a word to anyone are: **Peter Roberts, Amelek Halkett and Mike Girkinic**.

Bye all—I'm heading north.

### FLOOR THREE—P.A. SAN

There certainly has been a hive of activity on third the past few months. A great many of the men were moved to **Bachelor's Quarters on Second East**. Then they moved three back again. Of course, they do this to keep the patients from hibernating but mostly for the purpose of keeping the staff busy (tee hee). It does help to get cleaning done if nothing else. But all has been quiet lately with the exception of welcoming patients. We welcome: **Howard Langley, Ossian Neslund, Pat Nelson, Abraham Charles and Roy Thunderchild**.

Then there's **Stan Pruden and John Boyko** who never know the day or the hour when they might land on all fours in East Two.

**George De la Ronde** started to work on his violin again, getting it ready for an

exhibit for the Fair (No one will see it till then).

Aur revoir pour le present avec D'esperance pour la sante,  
**Georges**

P.S.: Translation of the above French—  
**"When do we have the next wiener roast?"**

### FLOOR THREE

The following will be leaving for home when the school year is over in June: **Helen Cudotie, Marie McDonald, Bernadette Samuel and Inez Thomas**. Bye kids!

### A NEW PROJECT FOR PRINCE ALBERT SANATORIUM

Our ladies decided that making quilts would be a very worthwhile activity. As a result of this idea, our genial friend Jack Cannon sent a request over CKBI-TV and Radio for quilt patches. The public response was generous and most gratifying.

We are all enthused in seeing the multi-coloured patches being worked out into patterns and growing every day into quilt tops. Fifteen are now completed or are in the process of completion. We are all agreed that this is the most worthwhile project of its kind ever undertaken here.

Please note that it serves a two fold purpose:

(1) **Practical Value**—Who is not happy to take home a nice warm quilt, the product of her own hands and planning?

(2) The hours spent in working out patterns and sewing them serves as both **occupational and recreational** therapy for those taking part. And who hasn't heard of the continued cry for occupational and recreational therapy for sanatorium patients?

### WE HAD A WIENER ROAST—

All the patients who have dining room and outdoor privileges had supper outdoors on Thursday, June 2nd. Our committee arranged for the place and time and the after supper recreation.

It was really a great treat for all to roast wieners and plant them in fine fresh buns. Coffee and fruit juice was in abundance. Ice cream in dixie cups and wooden

spoons all added to this treat. Then to top it off we had marshmallows to roast.

After supper the more active groups chose sides and two teams of softball got under way. No great skill was shown but we all had fun, both the players and the watchers. Everyone was back in for lunch by 8 p.m. No ill effects except a few aching muscles next day. All agreed it was a fine change and a good morale builder. **When do we do it again?**



Snapshots taken at the Wiener Roast, June 2.



# SURROUNDED AND DRAPED IN THEIR HANDWORK

(Continued from page 14)



Left to right (try to find): Mrs. Mary Daniels, Hannah Kitchner, Mrs. Wapass, Mrs. Bella Cook (standing), Mrs. Mary Fox, Mrs. Bella Chicken-runner.

**Rule 8**—Try to keep your hands free of germs. Wash them frequently and thoroughly.

**Rule 9**—Chewing gum, straws, disposable spoons and so on should be treated in the same way as used tissue—straight into the paper bag with them.

**Rule 10**—Be good natured if a nurse or fellow patient reminds you that you are forgetting a rule. It is easy to forget if you are not accustomed to it. You want to be reminded if you're slipping, don't you? After all, you wish somebody had warned the person from whom you got germs. C.T.A. San. Mag. Service

(Continued from page 2)

January, 1958. Prior to this time there had been a steady decline since the beginning of 1954.

We do know that the infection rate in Saskatchewan is falling year by year. We expect this to continue, provided we maintain our present case-finding program in order to discover new cases as soon as possible, and before they have an opportunity to spread their infection about the community. We are confident that the downward trend will become stabilized at some level, because there is within the province a considerable reservoir of people who have already been exposed to tuberculous infection. This group consists of about one-quarter of our population. It includes approximately 10,000 ex-patients, and an equal number of persons who show evidence of inactive disease in their lungs, but who have never been treated in a sanatorium. The remainder of this reservoir consists of those individuals who have a positive tuberculin test, who show no evidence of disease in their chest x-ray, but nevertheless they must harbour, somewhere in their bodies, a healed focus of infection with tuberculosis.

If we are able to prevent the reservoir from increasing to any extent, the passage of time will naturally take care of it. In fact, with our present control of the situation, we believe that fewer individuals are being added to it through exposure to infection than are being eliminated from it through other causes.

In one respect 1959 was less favourable than 1958 in that number of deaths attributed to tuberculosis is expected to show a slight increase. At the time of this writing, we have obtained records of 24 deaths—16 whites and 8 Indians. However, by the time all the records have been received, it is estimated that the total deaths will be about 29 (19 whites and 10 Indians). The age distribution is of interest. In 1959 there were 2 deaths in children aged 6 months (1 White and 1 Indian), both from meningitis, but 50% of the deaths were in persons over the age of 60. The table below shows the distribution of deaths, according to age, for 1958 and 1959:

	0-4	5-9	10-19	20-29	30-39	40-49	50-59	60-69	70	TOTAL
1959	2	0	2	2	1	1	4	3	9	24 (not complete)
1958	1	0	1	1	3	4	1	6	6	23

There has been no radical change in the treatment of tuberculosis in the past year. All patients are receiving a course of drug therapy consisting of a combination of at least two, of Streptomycin, PAS, or INH.

For the most part patients are required to spend one year in the sanatorium.

The average length of stay in 1959 was 12.93 months, compared to 13.6 months in 1958, and to 16.27 months in 1955. This drop in length of treatment has also contributed to the decline in the total number of patient days.

Summarizing our case-finding programme for the year 1959, we discovered 192 new active cases, compared with 225 in 1958—a drop of 33 (whites only). Individuals 60 years of age and older constituted 27.60% of the new cases, compared with 30.83% in 1958.

The various medical services of the League, including treatment, diagnosis, follow-up, examination of Indians, examination of Teachers' College students, school children, nurses, and the reading of hospital admission x-rays when taken altogether comprise a total of 279,112 persons who had medical advice during the year. Of this number 238,407 were examined by the Medical Staff of the League; 901 persons were examined by Family Physicians at the request of the League; 15,911 Indians were examined in association with Indian Health Services; and 23,893 admission x-rays for city hospitals and clinics were examined by outside Radiologists. There was a decrease of 21,832 examinations carried out by the Medical Staff of the League—238,407 in 1959 compared to 260,239 in 1958.

During the year 1959, 87,488 persons received a miniature film; 54,253 persons were not x-rayed because of a negative tuberculin and under the age of 15. Out of this total 141,741, 26 new active cases were found. This is equivalent to a rate of 0.183 per 1,000 persons examined, or one new case in every 5,452 examinations.

The following Table shows the total number of examinations made at the clinics for the past two years. There was a decrease of 239 in the total number examined.

	1958	1959
Regina .....	2709	2659
Moose Jaw .....	709	697
Swift Current .....	407	360
Yorkton .....	465	461
Canora .....	293	178
North Battleford .....	282	312
Tisdale .....	72	77
Melfort .....	98	62
Meadow Lake .....	161	161
Wadena .....	22	12
<b>TOTAL .....</b>	<b>5218</b>	<b>4979</b>

In 1959, 19 new active cases were discovered among 1,147 "first" examinations—a percentage of 1.6%. This compares with 30 new active cases discovered in 1958 among 1,215 "first" examinations—a percentage of 2.5%.

There were in addition in 1959, 10 new active cases found among persons who had been previously examined. This compares with 11 new cases found in 1958 among persons previously examined.

During the year, 3,754 review examinations of ex-patients were carried out by the various services of the League, and 111 were re-admitted for treatment.

During 1959 a total of 4,633 contact examinations were made with 4,892 in 1958. The incidence of new active disease found among the 4,633 contacts was 1.16%.

The total cost of the preventive work was \$204,642.01, compared to \$166,118.69 in 1958. The increased cost, due to the Hospital Admission X-ray Program, was \$47,294.98.

The period of treatment of the tuberculous cases discharged in 1959 was 12.93 months.

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J. G. Anderson, Manager

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ALL PRINCIPAL CITIES

The firm which occupied this space withdrew thinking its members no longer needed to make a contribution to tuberculosis prevention. We would like to hear from another firm whose vision and perspective is up-to-date.

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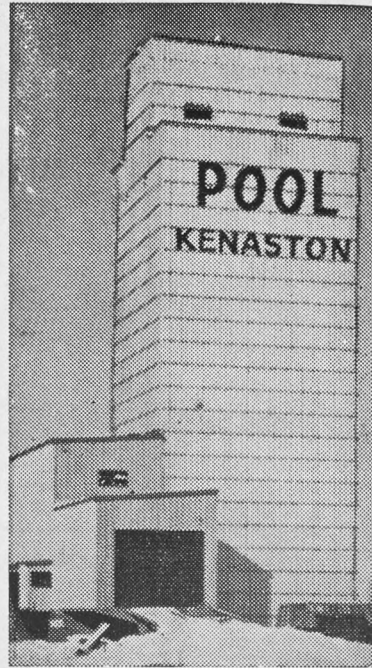
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MCNAUGHTON, MRS.  
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# *Keeping In Step*

Farm mechanization, improved grains and new farming methods have given Saskatchewan's farming industry a shot in the

arm. To keep up with these improvements the Saskatchewan Wheat Pool has also made numerous changes — one change was the construction of Canada's first all-steel grain elevator at Kenaston.



## KEEP AHEAD WITH THE POOL

**SASKATCHEWAN WHEAT POOL**

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